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ABSTRACT

This report is intended to support the goal of primary prevention of violence. The report examines how violence affects the development and learning abilities of children and youth. Seeing family violence, living in unsafe neighborhoods, witnessing violence, and being exposed to the harsh lives often faced by immigrants and refugees places children in a precarious position where progression through normal stages of development is stifled. While learning is affected by exposure to violence, learning can also lead to the prevention of violence. Schools can play a significant role in this prevention. "Guideposts" for breaking the cycle of violence include: (1) the recognition that parents are children's first and most essential teachers; (2) a multidisciplinary approach to violence prevention; (3) incorporation of violence prevention into the current curriculum; (4) recognition that schools alone cannot stop violence; (5) refusal on the part of communities to tolerate violence as an entrenched condition of modern life; and (6) understanding that no one group is the cause of violence in the United States. Four appendices include information on violence prevention programs; evaluation of programs; the National Health and Education Consortium; and the National Consortium for African American Children, Inc. (Contains 44 references.) (JW)

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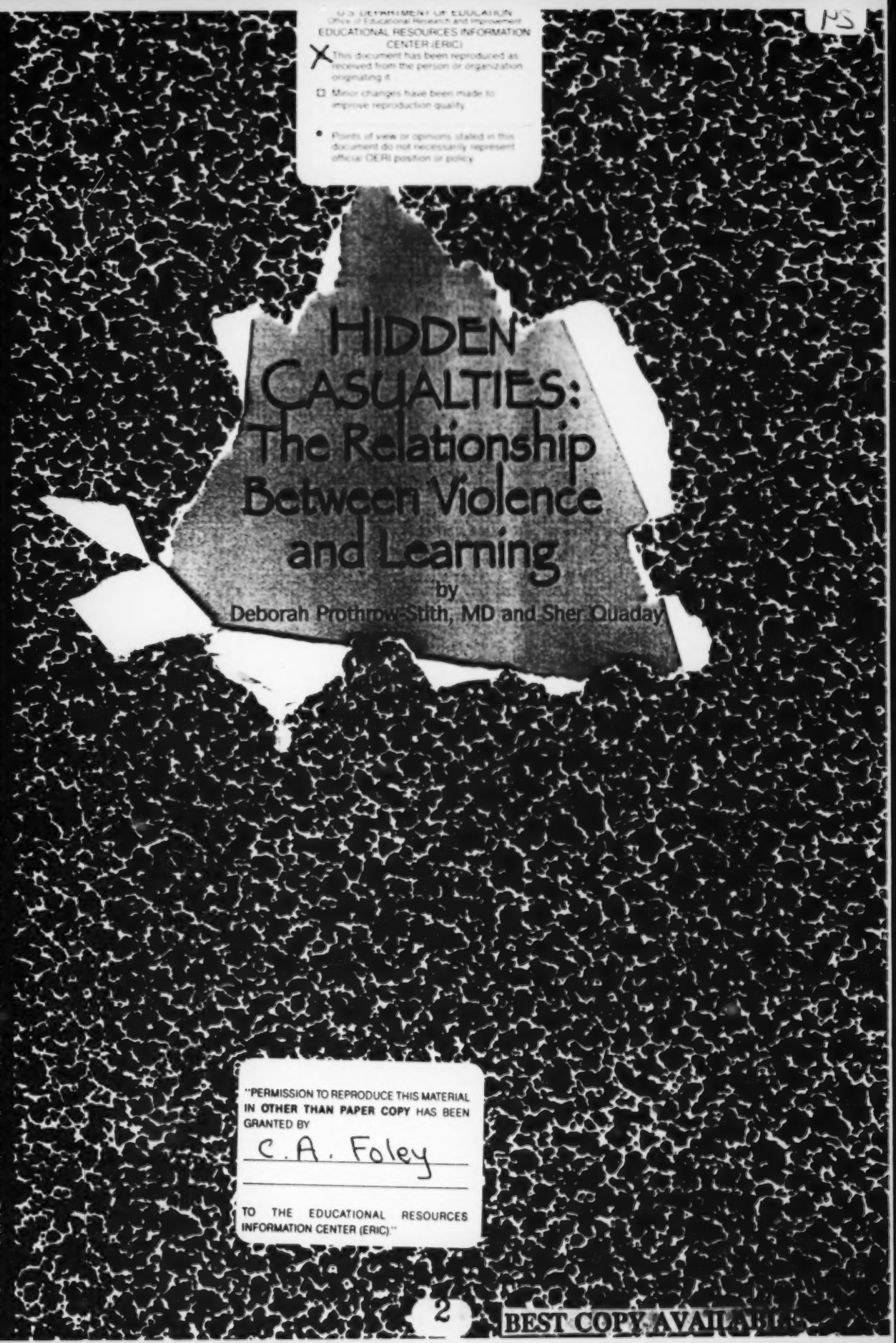

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# HIDDEN CASUALTIES: The Relationship Between Violence and Learning

by

Deborah Prothrow-Stith, MD and Sher Quaday

National Health & Education Consortium (an initiative of the Institute for Educational Leadership) and National Consortium for African American Children, Inc.

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A Word About the Illustrations

While developing *Hidden Casualties*, NHEC and NCAAC sponsored an art contest at the Anne Beers Elementary School in Washington, DC on the topic of violence and its relation to learning. Students were asked to depict how violence impacts their lives and education in their own words and images. The winning entries – including the top prize winner by Ashley D. Oubre on page 12 – were selected as illustrations for this report; they speak directly to the fears and realities experienced by our children in the face of a violent world.

# HIDDEN CASUALTIES: The Relationship Between Violence and Learning

by Deborah Prothrow-Stith, MD
and Sher Quaday

Shelly Gehshan, Editor

National Health & Education Consortium
an initiative of the Institute for Educational Leadership
and
National Consortium for African American Children, Inc.

This report was made possible by the generous support of the Prudential Foundation and the Charles Stewart Mott Foundation

1995

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# Foreword

There are no more safe places. Twenty years ago, we thought children were safe in their homes. Then we learned about the physical and sexual abuse visited upon some children in their homes. Abuse that was hidden for years. We thought children were safe in their neighborhoods, particularly the suburbs and rural areas. But slowly violence has crept into the suburbs and into rural areas across America.

Primary prevention can no longer be the exception. It must become the rule.

The inner city no longer corners the market on violence. We thought children were safe in schools. But some schools have become armed camps, trying to protect students from the dangers outside of the walls as well as the dangers inside. Violence knows no social, racial, ethnic, gender or age restrictions. Directly or indirectly, we are all victims of the violence that is sweeping across this nation.

The pervasiveness of this problem has not gone unnoticed or unheeded by the country's leaders. Violence prevention seems to be a priority for lawmakers, at the local, state and federal levels alike. While there seems to be unanimity around the need to address the problem, opinions regarding the prevention strategies to be utilized differ. Some demand more prisons. Others demand longer sentences. And still others caution that more prisons and tougher sentences have not proven to be the answer. These are the individuals who argue that strategies broader than gun control must be the developed. They want multiple strategies implemented to reduce the physical, emotional and sexual assault that plague America's families. With growing resonance, a new dimension gradually seems to be entering the discussion — primary prevention, the prevention of the first violation of the law.

*Hidden Casualties: The Relationship Between Violence and Learning* is designed to give strength to the voice of primary prevention. Violence is affecting our society at a level unrecognized by many policymakers: It is affecting the ability of our children to learn.

It is our belief that the potential violence holds to cause widespread educational deficits is an aspect of the debate that has not gained the attention it merits. It is our hope that *Hidden Casualties* will contribute to a growing shift from defining violence prevention as keeping criminals in prison longer to defining violence prevention as lessening the likelihood that a violent act ever occurs.

Primary prevention can no longer be the exception. It must become the rule.

Tamara Lucas Copeland
National Health & Education
Consortium

Brenda Leath
National Consortium for
African American Children, Inc.

1995

# Executive Summary

Violence has invaded every sector of our lives. disgruntled workers kill and maim their supervisors. spouses turn homes into battlegrounds. friends settle disputes permanently with guns. and children not only witness these tragedies. they internalize the horror. learn devastating lessons about dispute resolution and live their lives in very different ways because of the impact of violence

The school stands as a logical center for a coalition of leaders committed to violence prevention

*Hidden Casualties: The Relationship Between Violence and Learning* examines the myriad ways in which violence impacts the development and learning potential of children and youth. Violence plagues every aspect of our society. Whether in the home, the community, or the media, children's exposure to violence is widespread. Exposure can potentially impede all stages of development for children.

Before a child is born, violence can affect its life. Battered, pregnant women have been found more frequently to deliver low birth weight babies who are at a much greater risk than their normal weight counterparts for a host of developmental problems. Growing up in a violent environment may delay the proper stages of development in young children. If children's activities are restricted, due to dangerous living conditions, their earliest learning tasks of trusting themselves and their environment are negatively affected. Researchers have found that chronic exposure to violence can limit the development of cognitive ability in young children, affect the ability of children to form close attachments, and disturb physiological functioning. Children living with danger often develop defenses against their fears, and these defenses interfere with their development. Energy spent on these defenses is also not available for learning.

The relationship between learning and violence is not one-sided, however. Learning itself is a vital tool for violence prevention. Children who achieve in school

learn analytical and language skills which can help them through dangerous and stressful situations. These skills favor words over force as a strategy to deal with conflict.

It is sometimes hard for children living in a violent environment, in which bad and good are occasionally intertwined, to find and learn from role models who offer a positive image of adults. The task of breaking the cycle of violence will require a cadre of dedicated, multidisciplinary professionals working both within their individual disciplines and as a part of interdisciplinary teams to create a range of interventions. Parents, civic leaders, educators and health providers are only a small slice of the community that must come together to increase the likelihood that children live in safe environments. The school stands as a logical center for a coalition of leaders committed to violence prevention. For those leaders, the National Health & Education Consortium and the National Consortium for African American Children, Inc. offer the following guideposts to determine how best to help break the cycle of violence:

- Parents are children's first and most powerful teachers.
- No one profession can address the problem of violence. A multidisciplinary approach is needed.
- Violence prevention need not be a separate curriculum or course.
- The school alone cannot prevent violence or ameliorate its impact.
- We must not accept violence as a way of life.
- No one racial, ethnic, religious or economic group is the cause of violence in the United States.

*Hidden Casualties* examines the effect of violence on learning, addressing family and neighborhood violence and touching on the impact of witnessing violence and immigrant/refugee experiences. Risk factors for violence and school failure are also discussed. The report then addresses how to empower families and children to beat the odds in violent situations, covering school-based solutions to violence such as cross-sector cooperation and the role of learning as a violence prevention tool. Appendices include lists of violence prevention programs and evaluations of successful programs.

We cannot surrender our children to the violence of the world and allow them to become hidden casualties. Children are remarkably resilient. With love and support, education and training, they can express their feelings, learn to avoid and defuse violent situations, help each other control peer violence and use the very same reasoning and problem solving skills developed by the traditional curricula as tools for violence prevention.

# Acknowledgments

The National Consortium for African American Children, Inc. (NCAAC, Inc.) and the National Health & Education Consortium (NHEC) wish to thank the many people who reviewed several drafts of *Hidden Casualties*. We are particularly grateful to the following individuals for their keen and insightful comments: Isabel Almendarez, Office of Congressman Ronald Coleman; Nguyen Minh Chau, National Association of Asian and Pacific American Education; Beverly Coleman Miller, BCM Group; Anita Estell, Van Scoyoc Associates; Sarah Gee, Institute for Educational Leadership; Christina Lopez, National Council of La Raza; and Lisa Walker, Education Writers Association.

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**ABOUT THE AUTHORS:**

**Deborah Prothrow-Stith, MD —**

Dr. Prothrow-Stith is Assistant Dean for Government and Community Programs at the Harvard School of Public Health. She has recently been appointed Professor for a new initiative, Public Health Practice at the School, and she is the director of the Harvard Injury Control Center's Violence Prevention Program. Dr. Prothrow-Stith developed and wrote the first violence prevention curriculum for schools and communities, entitled *Violence Curriculum Prevention for Adolescents*, and co-wrote *Deadly Consequences*, the first book to present the public health perspective on violence to a mass audience. She received her MD from Harvard Medical School and BS from Spelman College.

**Sher Quaday —**

Ms. Quaday is the Director of Violence Prevention Programs for the Public Health Practice Initiative. She is responsible for overall project development and management of violence prevention projects and has co-authored numerous publications with Dr. Prothrow-Stith. She is currently authoring the forthcoming *Peace by Piece: A Guide for Preventing Community Violence*. She received her BA in journalism from the University of North Dakota.

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# Introduction

Most people see violence as solely a physical act, see the victims as being only those with visible wounds. The effects of violence etch a much deeper scar hidden in the minds and hearts of our children, our schools and our communities.

Though all segments of our population are affected by violence, the most vulnerable are our young people

The United States has a problem with violence that is unlike any country in the world. We have a homicide rate for young men that is vastly higher than any other industrialized country — a rate eight times higher than Italy, the developed country with the next highest rate.[1] And, the problem seems to be growing. The 1991 homicide rate for young men in this country was 66% higher than the rate reported in 1987.[2] The Federal Bureau of Investigation estimates that in the United States 1.8 million people are victims of violence each year,[3] including 400 children each month who die from gun violence.[4] Violence not only affects children on our streets, but also in their homes and their schools. In 1993, there were more than one million substantiated cases of child abuse [5] and in the same year the U.S. Department of Justice reported three million crimes on or near school campuses.[6]

Though all segments of our population are affected by violence, the most vulnerable are our young people. People 12 to 24 years old have the highest risk of nonfatal assault of any age group in the U.S.[7] It is the leading cause of death among male and female African-Americans, aged 15 to 31. Though often labeled an "inner-city black problem" the reality of violence destroys the idyllic illusion of suburban/rural or small town security when even a minimal amount of analysis of rural and suburban violence data are considered. Rural areas account for about 16 percent of all violent crime in the United States. Violence against females (aged 12 and older) occurs at a rate of 34.4 (per 1000 females) in cities; at a rate of 20.0 in suburban areas; and at a rate of 20.1 in rural areas; victimization of males (aged 12 and older) occurs at a rate of 55.9 in central cities, 36.1 in suburban and 29.1 in rural areas.[8] A report of the Ross Roundtable suggests that there is reason for concern that children in rural areas may be at high risk for victimization and death because of the high rates of poverty, isolation, and lack of access to medical care and social supports.[9]

Until recently, violence had been seen mainly as a criminal justice issue. People believed that we needed to build more prisons, lengthen prison sentences and prevent early parole. Criminologists talked with other criminologists. Discussions focused on preventing recidivism and initiating programs to lessen the likelihood that juvenile

offenders matured into adult criminals. The only time that educators actively entered the deliberations was when the discussion turned to strategies for ensuring that youth stayed in school. But, other than this somewhat limited involvement of education, violence was primarily a legal issue.

As the incidence of violence has escalated, it has become clear that no one profession can solve the problem alone. Just as the types of individuals involved in the discussion have changed, so too has the nature of the debate.

In 1985, then U.S. Surgeon General C. Everett Koop convened his Workshop on Violence and Public Health. This marked the official entry of the public health community into the discussion. With their entry came a decidedly different approach to violence. Just as smallpox had been eradicated, smoking prevalence greatly reduced and seat belt usage significantly increased by the public health sector's focus on these problems, Dr. Koop suggested that violence could also be better addressed by adopting a public health approach. Instead of reacting to violence, the public health sector suggested that the focus be on changing the social, behavioral and environmental factors that cause violence.

While the health community was entering the discussions, the education community was revising the nature of their involvement. Educators could see that dropout prevention programming was not enough. Violence had invaded the schoolhouse. Playground disputes that had once led to bloody noses were now leading to gunfire as more and more students brought guns to school. Educators began to look more closely at the school's role in preventing violence. Metal detectors were installed. Guards with walkie-talkies began patrolling the halls. Conflict resolution courses were added to curriculum.

In 1989 when the nation's governors came together to define national education goals for the country, they declared that "By the year 2000, every school in America will be free of drugs and violence and will offer a disciplined environment conducive to learning." Four years later when the goals were codified by the U.S. Congress, Goal 7: Safe, Disciplined, and Alcohol-and Drug-Free Schools, was viewed as an essential component for the overall effectiveness of comprehensive educational reform. However, a review of the discussions that preceded the adoption of this goal reveals that the focus is still somewhat narrowly confined to ensuring that children have a safe environment in which to learn.

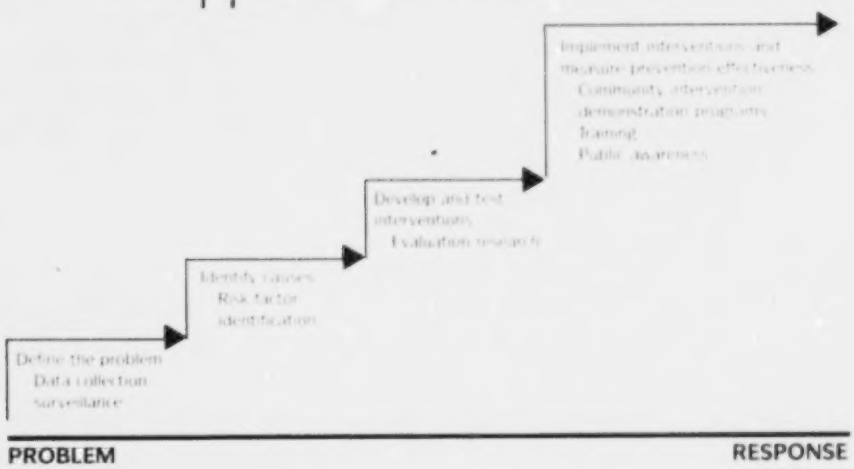
To date, very little attention has been given to the impact of violence on children's ability to learn. Children exposed to violence may be too anxious to absorb

## Select National Health Objectives for the Year 2000

- Reduce abuse and neglect of children to less than 25.2 per 1,000.
- Reduce assault injuries among people aged 12 and older to no more than 10 per 1,000 people, from 11.1 per 1,000.
- Reduce by 15% the incidence of injurious suicide attempts among adolescents aged 14-17.
- Reduce by 20% the incidence of physical fighting among adolescents aged 14-17.
- Reduce by 20% the incidence of weapon-carrying by adolescents aged 14-17.
- Increase to at least 50% the proportion of elementary and secondary schools that teach nonviolent conflict resolution skills, preferably as part of school health education.

Public Health Service, U.S. Department of Health and Human Services. *Healthy People 2000: National Health Promotion and Disease Prevention Objectives*. September 1990

# Public Health Model of a Scientific Approach to Prevention[10]




The public health approach to violence prevention, as mentioned earlier, is gaining increasing interest. To better understand the model, it is helpful to think of it as analogous to methods used to reduce lung cancer, for example. Though not perfect, an analogy between violence prevention and lung cancer prevention helps demonstrate the need for comprehensive efforts at all levels of risk. One would not propose a campaign to reduce lung cancer that focused only on treatment (referred to as "tertiary" care); it is clear that better treatment will not reduce lung cancer rates. Helping people who smoke to stop (called "secondary" treatment) and preventing people from beginning to smoke in the first place ("primary" prevention) are essential strategies. Currently, most public policy discussions of violence are about tertiary strategies; whether to try juveniles as adults, give stiffer sentences, make sentences mandatory, or use stiff approachs such as the popular "three strikes and you're out."

Though some programs must be targeted at our most vulnerable children and families, we also must develop and promote primary prevention for those at moderate risk; Primary prevention will keep those children and families from becoming high risk. The jail and prison population in America doubled from approximately 500,000 in 1980 to nearly one million in 1990.[11] During that decade, violent crime rose 12% and the epidemic of youth homicide grew as well. Public debate and policy must move beyond the tertiary level and must include primary and secondary prevention programs — interventions that prevent violence rather than just responding to it — to curb and reduce the growth of violence.

Primary prevention programs addressing lung cancer have successfully created images of smoking as dangerous, negative and offensive. With violence, primary prevention efforts seek to redefine the "hero," create alternative problem-solving strategies and reward non-violent problem solving. These types of violence prevention programs may include mass media messages, classroom education, peer leadership and mediation, and community-based training programs. They seek to make non-violence popular.

Secondary prevention efforts to prevent lung cancer include helping people stop smoking by behavior modification programs, counseling or group therapy. In violence prevention, secondary prevention strategies are diagnosed for children at greater risk of violence. They include mentoring/nurturing programs, individual and group counseling, "in-school" suspension, first offender programs, and special efforts for hospitalized children who were shot or stabbed. Programs for children who witness violence, particularly family violence, are recent additions to secondary prevention efforts.

Tertiary prevention aims at addressing the needs of those who actually have lung cancer; it refers to direct treatment, including procedures such as surgery or chemotherapy. The response to violence, in comparison, is arrest, prosecution, incarceration and rehabilitation. Obviously, in violence prevention, as in smoking prevention, primary and secondary strategies are preferable and are likely to be more cost-effective.

what goes on in school. They may have difficulty controlling their own anger about what they have witnessed, or they may repress their feelings and reactions so that they have trouble trusting or forming relationships. Some children feel that their lives are destined to be cut short, so they lose interest in preparing themselves for a future. Other children regress to behaviors they remember from an earlier, safer time. The impact varies, but regardless of the resilience of the child, exposure to violence has a lifelong effect on learning.

*Hidden Casualties* seeks to add a different dimension to the discussion of violence and violence prevention. Through an enhanced understanding of the devastating impact of violence on our children and on their ability to learn, we hope that the urgency of adopting a prevention agenda will be even more obvious. *Hidden Casualties* provides policymakers with supportive evidence of why interdisciplinary discussions must occur and why violence prevention programs must be implemented in schools and other community institutions across the country.

Some children feel that their lives are destined to be cut short, so they lose interest in preparing themselves for a future

Ashley D. Oubré, Anne Beers School, Washington, DC.

# The Effect of Violence on Learning

The effect on children of chronic exposure to violence is alarming. Each day, thousands of our young endure the emotionally exhausting tasks of surviving and coping with chronic violence. Violence, whether in the home, school or community, negatively affects a child's ability to learn.

Experts say that the greater the stress experienced by the child, the greater the coping resources required to meet the stress successfully. How children cope with violence or other stressors depends on their age, developmental stage, ability to use other resources and the availability of those resources.[12]

## Family Violence

A recent study of domestic violence found that one in five of the teenagers studied and one in six of the adult women studied were physically abused during pregnancy.[13] The physical abuse can affect not only the mother but her unborn child's later ability to learn and to perform well in school. This study found that these battered, pregnant women and girls were more likely to deliver low birth weight babies, babies at a much greater risk of permanent handicapping conditions such as mental retardation, cerebral palsy, autism, epilepsy and a host of developmental problems that could affect their ability to learn.

The impact of violence on infants and children may be even more devastating when the perpetrator is a parent, relative or other caregiver. One study found that one in three victims of physical abuse was an infant.[14]

It should be noted that a mother's early rejection of a baby has also been found to contribute to the violence that is pervasive in our society. A study of 4,269 adult men found that those who were rejected by their mothers were at a much higher risk than the general population of committing a violent crime. Rejection of the infant was defined in the study as a mother who did not want the pregnancy, attempted to get an abortion, or tried to institutionalize the child during its first year of life.[15]

In 1994, 3,140,000 suspected cases of child abuse were reported. Of this number, 1,036,000 were confirmed and more than 1,200 of these victims died.[16]

Children living with danger develop defenses against their fears, and these defenses interfere with their development

Violence directed at children in their homes — by their parents, relatives or other adults — has a huge impact on learning. Intra-familial violence profoundly influences a child's positive outlook and feeling of well-being. These feelings are an essential part of a child's readiness to learn. Studies have found significant differences in the academic and intellectual functioning of maltreated children in comparison to control groups.[17]

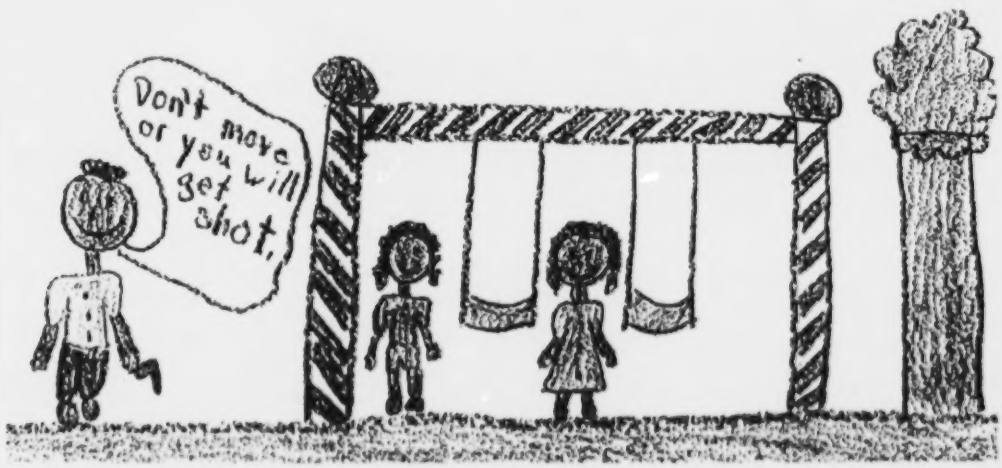
There are a number of reasons why abused children have difficulty learning. They often grow up in chaotic environments that are unpredictable and dependent on the moods and whims of the abusive parent or caregiver. Out of fear and caution, they learn to dull their own feelings, thoughts and responses, and instead mirror the mood of the person who could "turn" on them at any minute. Language development—so critical for benefitting from school and for positive social interaction—is often delayed and subverted for abused children. They trust mood and tone more than the content of language, because they are always alert for clues that they might be in danger.

Abused children may grow up thinking they have no impact on the world because so many unpredictable things happen to them no matter what they do. This sense of powerlessness inhibits the normal development of setting goals and delaying gratification that is essential both for attaining adulthood and performing well in school.[18] It is very difficult for an abused infant, toddler, or older child, to learn and grow normally when they live in fear and feel powerless.

"It is very difficult for an abused infant, toddler or older child, to learn and grow normally when they live in fear and feel powerless."

## Safe Home, Unsafe Neighborhood

When very young children grow up free from abuse, but in violent surroundings, they still suffer from the negative impact of violence on learning. Their caregiver's vigilance in keeping them safe may actually impede their learning process. One of an infant's first tasks is learning to trust — trust his parents, his environment, and eventually himself as he learns to walk, jump and climb. The chronic threat of community violence causes some parents to restrict their child's activity to within the walls of their home thereby not only limiting the child's interaction with his environment, but also his interactions with others. During their preschool years, children are ready and




Stefanie Thomas, Anne Beers School, Washington, DC.



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eager to explore new relationships outside the family. However, living in a dangerous neighborhood may mean they aren't allowed to go out or talk to anyone new. These restrictions, caused by violence, are often difficult for toddlers to understand and obey, and may slow their development.

Caregivers may pass on their fears and feelings of helplessness to their children. Some may find it difficult to consistently provide love, support and attention to infants and children when they live in a state of apprehension and fear.

## Witnessing Violence

A serious problem for children who witness violence or grow up in violent neighborhoods is that they often can't tell the "good guys" from the "bad guys," so they don't know who to trust and who to believe. Police may be seen as dangerous, and drug dealers, who schools and the media portray as bad guys, may be neighbors, friends or members of the family.[19] One study of inner-city children's exposure to community violence found that the parents of these high risk children report minor and severe abuse among adults in the family five to six times higher than the national average.[20] Researchers say that chronic exposure to violence — either community or familial — can be viewed as a chronic repetition of acute traumatic episodes. Children's exposure to acute traumatic episodes can limit the development of cognitive ability, affect the ability of children to form close attachments, and disturb physiological functioning. Children living with danger develop defenses against their fears, and these defenses interfere with their development. Energy spent on these defenses is not available for learning. Children also may feel responsible for or guilty about the violence around them. This can lead them to feel bad or worthless, incapable of learning. Though mental health professionals have developed techniques to deal with the emotional trauma of survivors of violent episodes, much more needs to be learned about the long-term consequences of chronic community violence.[21] It is hard for children in a violent, confusing environment, in which bad and good are intertwined, to find and learn from good role models who offer a positive image of adults.

In response to a trauma, children may adopt regressive behaviors such as thumb sucking, or may experience anxiety and helplessness and emotional numbness. Regressing helps children feel comforted by recalling an easier time in their lives. It allows them to postpone dealing with difficult feelings or re-living the traumatic event. However, when children are

Research indicates that many children of the inner city suffer from a condition similar to post-traumatic stress syndrome, a psychological affliction frequently associated with veterans returning from war. Children in inner city "war zones" who must devise strategic plans to get to school or avoid violence in the home, become little warriors with bruised souls, robbed of the simple joys of childhood and plagued by our general social inhumanity.[22] In "No Place to Be A Child, Growing Up in a War Zone," author James Garbarino describes the vicious realities of some children living in inner city Chicago. One victim was six-year-old Unica. She was stabbed 48 times and left for dead by drug-influenced burglars. She survived the attack by playing dead. Her mother and sister were not so lucky. They did not survive. Despite her miraculous physical recovery, the mental scars remain. Her teachers report fluctuating grades and aggression toward other children in the classroom.[23]

Roland Smart, a drug, alcohol and violence prevention counselor working in several Boston elementary schools and a neighborhood health center, uses his experience to illustrate the way violence and conflict interfere with learning in school. He tells of two seventh grade girls who started arguing in first period. During the course of the day the argument escalated. The other students in the school began to get involved, chose sides and came in and out of his class to speak with one or the other of the girls. The sniping and bickering continued until the last period when a fight was about to start. Roland intervened by escorting one of the girls into the principal's office and arranging a conflict resolution appointment.

This scenario is telling. Two angry, anxious and overwrought girls created a day-long distraction to learning. Not only were the two girls involved, every classmate was affected actively or passively in this drama. The teachers and counselor also were distracted by the impending fight. This is a relatively minor conflict in the classroom that is commonplace in too many schools. Although, fortunately, it did not end in violence, the threat of violence interfered with an entire day of learning.[25]

exposed to chronic violence or trauma, they are at risk of regressing to earlier stages of development as well. Witnesses of chronic violence may also develop additional problems of poor concentration, short attention span and experience a general decline in academic performance.[26]

The effect of trauma on children may vary depending on what type of trauma they have experienced. Experts differentiate between a single traumatic episode, such as the death of a parent, and recurrent trauma, such as child abuse. A typical response to a single traumatic event is for a child to feel helpless and out of control. His ordinary coping behavior seems useless to deal with the traumatic situation. The traumatic event is often etched vividly in a child's memory, sometimes recurring in visual flashbacks or nightmares. What follows is a consistent attempt to accommodate or adapt, and an attempt to regain control. For example, a boy who witnesses a shooting on his way from school thereafter walks a different way, feeling that is the only way he'll feel safe again. Even though he is no safer than he would be on his normal route, he has adapted and regained control by changing his route.

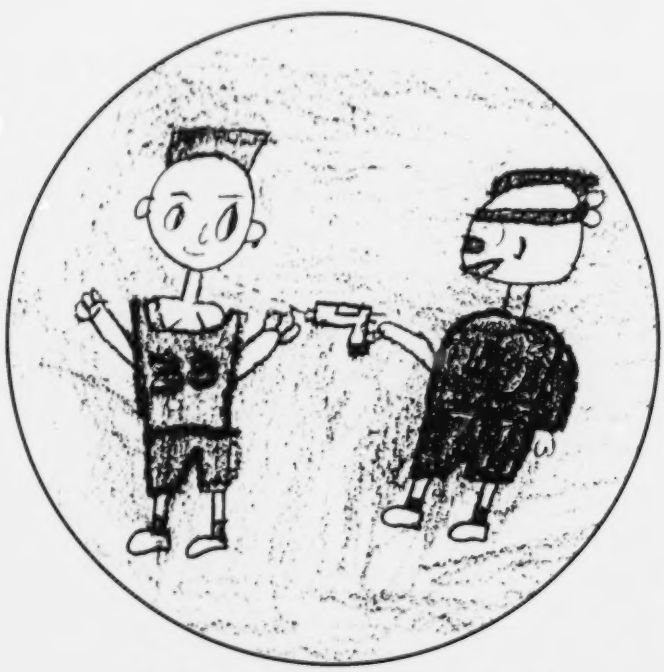
Recurrent trauma may cause denial in a child. In response to repeated abuse, or witnessing violence continually, a child's memory gets fragmented. If you ask him, he may not remember anything. However, if you remind him what happened, he will remember it. Not acknowledging the abuse or violence allows children to avoid feelings of helplessness and fear. This is a type of numbing behavior, or self-induced amnesia. Another typical response for children who have witnessed repeated traumatic episodes is to "zone out" or numb themselves to all emotion. They find comfort through not connecting to what goes on around them, or they find a repetitive behavior such as thumb sucking or rocking, that comforts them.

Both individual traumatic episodes and recurrent trauma have a significant impact on learning. These forms of trauma impair the acquisition of social skills and the ability to integrate values. Serious trauma, either a single episode or recurrent events, hurt children's ability to incorporate skills and transfer them from one area of interest to another. This is because children exposed to trauma

do not expect anyone to be nice to them. They dwell on negative behaviors, and their own misbehavior or "acting out" causes them to receive more and more negative messages from teachers or caregivers. They may be overly aggressive and, oddly enough, identify with their abuser. They may feel they are at fault for the violence and feel badly about themselves. But the most devastating effect of violence on learning for these children is that they don't feel they have a future. This adaptive response allows them to regain control and reduce their fears.[26]

Professionals who work with older children who are exposed to violence report that many are afraid of school or want to avoid going to school. They are often afraid of leaving their mothers or younger siblings, or worry about what might happen to them while they are gone. When they do go to school, their anxiety interferes with their ability to concentrate. School-aged children who live in violent environments also experience frequent problems that can interfere with their ability to learn, including sleep problems and stress-related complaints such as headaches, stomach aches and asthma attacks.

Unfortunately, children are not only exposed to violence in the home and in the community, but they must also face violence in the school. Violence in schools is increasingly lethal and, at the very least, a serious distraction to learning. A recent nationwide survey of 9th through 12th graders found that 42.5% had been in at least one physical fight during the twelve months preceding the survey; 26% admitted carrying a weapon such as a knife, gun or club during the 30 days preceding the survey.[27] A 1993 National School Boards Association survey of 2,000 schools nationwide (urban, suburban and rural) revealed that 82% of respondents had witnessed an increase in school-based violence.[28] Firearm homicides have increased 61% for fifteen to nineteen year olds in one decade.[29] Twenty years ago students may have engaged in a playground brawl and sustained some injuries. Today those students are more likely to carry weapons and the event is more likely to end in homicide.



Tyrone Walts, Anne Beers School, Washington, DC

"Violence in schools is increasingly lethal and, at the very least, a serious distraction to learning"





BEST COPY AVAILABLE

# Immigrants and Refugees[50]

About 7.4 million immigrants and refugees entered the United States in the 1980s, bringing the total number of foreign-born from under 5% in 1970 to about 7% in 1990.[51] This influx of new residents and their children (nearly reaching the highwater mark of immigration at the turn of the century) brings with it both the potential for enriching our country with cultural diversity and economic contributions but also problems of language, enculturation, racism, poverty and displacement. Many of the children bring with them the scars from witnessing violent incidents that put them at high risk for properly adjusting to a new surrounding.[52] The current public attitude toward immigrants is part of an historical tension between the United States and its legal immigrants and refugees. Children often are subjected to public displays of racism and discrimination caused by the hostility of the majority public. While little research exists regarding the propensity of immigrants or refugees to become victims or perpetrators of violence, many of these children face the difficult tasks of learning to survive in a new culture, growing up in unsafe neighborhoods, learning a new language and remembering the often devastating, sometimes violent circumstances that led to their displacement. As discussed earlier, children who witness trauma may be expected to exhibit particular distress symptoms dependent on their developmental stage. Schools must be cognizant of the multiple problems that immigrant or refugee children may face. Along with the typical English as Second Language curriculum, efforts should be made to assess the needs of each student (and their family) to effectively deal with trauma, family adjustment and the acculturation process.

> Vietnamese students came to the United States not only as immigrants to this new land, but also as refugees. Immigrants leave their homeland [of] their own volition, with many possibilities of motivation for the move, whereas refugees have "no choice but to leave or suffer." Refugees are in fact "driven away from their homeland" — they are "pushed out."
>
> Studies have shown that this type of forced migration and the experience of being uprooted involuntarily causes more psychological problems to refugees than to immigrants. With this in mind, an educator must be concerned about the mental well-being of students who have lived in conditions of violence and socio-political turmoil before coming to this country. Such students have been exposed to loss, extended violence, prolonged threat, and terrorization. They may have witnessed violence inflicted to members of their family or to close friends. Their exodus to this country has been paved with dangers and life threatening situations such as poverty, starvation, drowning at sea, rape, murder, piracy, life in a refugee camp, and the possibility of the separation of the family.[53]

# Risk Factors for Violence and School Failure

While there is no formula for predicting violent behavior, experts in criminal justice and psychology cite a variety of experiences in early life that can lead to violence — experiences primarily centered on the family and the community in which a child is raised: neglect, abuse, inconsistent parenting, a violent neighborhood and family members who engage in violence themselves.[34]

Harvard University researchers Felton Earls and Stephen Buka suggest that, even though there are gaps in research because of the multiple factors contributing to violence, early predictors of violence should be considered when planning interventions. These include characteristics of children such as: low IQ, poor verbal skills, attention deficit disorder, poor motor skill development, head injury, prenatal and perinatal complications, and antisocial behavior and problems. Characteristics of families that can lead to delinquency or violence include: family criminal behavior, poor marital relations, certain parenting practices and parental absence.[35]

One documented risk factor for violence and associated school failure is poverty. Poverty — which is dramatic among children in the United States and on the rise in inner cities, suburbs and rural areas alike — exacerbates family difficulties by creating extreme stress and simultaneously cutting off the family from common support mechanisms. A number of studies have pointed out the link between poverty, behavioral problems and difficulty in school. A recent study by researchers at Vanderbilt, Auburn and Indiana Universities reported in Child Development observed several violence-related characteristics in low income families that can cause behavior or learning problems in school. Children in the low income families studied:

- were more likely to receive harsh discipline in their homes;
- observed more violence than their peers;
- received less cognitive stimulation in the home; and

"Exposure to alcohol and other drug addiction has been shown to increase the risk of violent behavior among adolescents"

- received less warmth from their mothers because of her increased stress, isolation and lack of social supports.[56]

Regardless of income or social status, certain parenting practices also appear to promote subsequent violence among adolescents. For example, inadequate discipline, use of corporal punishment, excessive exposure to media violence and the presence of guns in the home all increase the likelihood of injury or death due to violence. The general fear of violence in vulnerable communities causes parents and children to become increasingly isolated from the community, a situation that may eventually contribute to the risk of violence.

Ron Slaby, a Senior Research Associate at the Education Development Center, Inc. (EDC) in Newton, Massachusetts and lecturer at Harvard University's Graduate School of Education has discovered in his research that adolescents who are at highest risk for violence have attitudes and behavior patterns that increase the likelihood that they will become involved in violent incidents with people they know. They perceive situations to be of potential conflict more readily than their peers, and see fewer options for resolving conflict peacefully.[57] The research of Slaby and colleagues at EDC suggests that the roles of victims, bystanders and perpetrators are closely linked. The "he said, she said" rumor-spreading scenarios played out daily in schools are often precursors to physical violence.[58] Exposure to alcohol and other drug addiction has also been shown to increase the risk of violent behavior among adolescents. One study showed that one third of young people who had been charged with murder had alcohol or drug problems. They were likely to have grown up in families with parents who had a history of alcoholism or drug abuse and other psychiatric problems. For some of these young people, murder was the last in a long series of criminal acts. For others, it was an impulsive reaction to a family argument. In about half the cases, the victims, perpetrators or both were drinking alcohol before the murder occurred.[59]

At the age of 15, Garland Hampton of Milwaukee, WI, was sent to jail to await trial for murder. Garland's family history is checkered with violence. When he was nine, Garland saw his mother shoot and kill her boyfriend after he slammed her into a radiator during an argument over money. He never met his father, who walked out before he was born to his 16-year old mother. He and his six siblings were taken away from their mother because of her drug use and allegations of abuse and neglect. When Garland was ten, his grandmother — nicknamed "Shotgun Mama" — took him to the basement to show him how to handle a pistol. She bragged about having killed several people in her 67 years. Growing up, Garland had seen neighbors and strangers stabbed, hit with shovels, kicked, beaten, pistol-whipped, robbed, shot, arrested, drunk, overdosed on drugs, strangled, and zipped into body bags. One of Garland's teachers said, "Garland had a lot of potential. He's caring and smart. All he ever needed was some love and a chance to get out of his environment." Garland says he got more love on the street from his gang than at home. He says he shot his friend Donnell twice in the head in self defense, after they argued over $100. "I don't want people feeling sorry for me," he says, "but I really ain't had nothing good happen to me. I guess I been scared all my life."

"When the Family Heirloom is Homicide"
*New York Times*, December 12, 1994

# Beating the Odds: Empowering Families and Children

*Children do survive and cope with adverse environments and situations. Many go on to become well-adjusted and healthy adults.*

Researchers who study resilience in adolescents have identified several key factors that contribute to a child's ability to emerge healthy from a dangerous environment. Some of these factors include:

- Access to an educational environment that promotes constructive coping skills and helps children comprehend how they can actively participate and achieve in life.
- Learning or innately possessing an active coping style that allows them to become involved in activities and positive relationships.
- Achieving a compensity level of self-confidence and self-esteem and possessing a sufficient level of cognitive competence. Intelligence and a level of self-regard helps shield children from resorting to simplistic interpretations of experiences that in the long run are destructive.
- A strong, warm relationship with an adult who models positive social behavior.[40]

> "A strong, warm relationship with an adult models positive social behavior."

Some families seem able to rise above the violence and other problems that surround them. Robert Hill of Morgan State University has studied such families for twenty years. He says five characteristics enable some families to raise and nurture their children, instill them with hope, and survive despite violent neighborhoods and other adversity: (1) strong family bonds, (2) flexible family roles, (3) strong religious faith, (4) a serious work ethic, and (5) an expectation of high achievement. Many of these factors were fostered by an extensive network of family supports from relatives, friends, churches or synagogues.

For very young children who have been exposed to violence, consistent, warm relationships with child care professionals and teachers have been essential for their recovery and healthy development. Child care professionals report that such children need structure even more than usual, with clear expectations and limits. A set routine gives a child something predictable and comforting. Children exposed to violence also benefit from a variety of opportunities to express themselves — their fears, their experiences, their problems — in play, in art activities and in other parts of a structured program.

# School-based Solutions

The truth is that a child who is exposed to violence must struggle to learn and schools must help them do so. Schools can play an important role in nurturing our most vulnerable children: those who have witnessed violence and those who are prone to act-out violently or cause disruption in the classroom.

The initial trauma of a young child may go underground but it will return to haunt us.

Psychiatrist
James Garbarino, Family Life Development Center, Cornell University

School administrators must build coalitions of community groups to ensure that meaningful, long-term, and multi-faceted approaches are implemented to bring about peaceful schools and safe communities. Educators and health care providers must work together, so the children who bring problems to school can get the physical and mental health care they need, and the children who are treated for the effects of abuse or violence can get the extra attention and services they need in school.

## Schools, Families and Communities

The interdependence between the family and community is obvious, yet in public policy debates and program development, they are often treated singularly, or set against each other. The "family values" political debate tends to ignore the dependence of families on their community, particularly on schools, and the connection between the two. Our neglect of the problem of violence does have a consequence to society.

Schools can be powerful forces for change, for preserving the hopes and opportunities of the children they educate, and for supporting the families in their communities. Traditional approaches to dealing with violence in schools include: expelling students, installing metal detectors, and calling on the juvenile justice system when all else fails. These approaches are reactive, expensive and often fail to prevent further violence. When used for prevention and not just intervention, schools can be a critical component in a broad comprehensive effort to prevent violence through prevention education. This is an area of increasing activity.

Schools from all around the country have employed innovative strategies to help families develop skills and a sense of community *(see Appendix A for brief case studies of violence prevention programs)*. These schools tend to subscribe to the

philosophy that successful families, used in the broadest sense, are critical to a community's survival in this time of dwindling social resources. They work to develop community/school partnerships that are dynamic, diverse and driven by the needs of the families within. They provide parents with an active voice in school planning and policies. They may offer an array of programs such as after-school activities for children, adult education courses, family counseling services, recreational programs or job skills training. They become a vital hub of neighborhood activity and they work to prevent violence.

Parents, communities, educators and students must work together to create more favorable school climates where expectations for children are high and there is a commitment to providing a safe, supportive learning environment. It is schools like these that we can expect to provide the protective factor that traumatized children desperately need to nurture their talents and intellects.[42]

## Learning as Violence Prevention

Learning itself is a vital tool for violence prevention. It has been shown that cognitive skills help prevent violence. Children develop cognitive skills while studying English, social studies, math and science. These skills help them reason their way through stressful and dangerous situations. Those with superior language skills and analytic abilities are less likely to use force to persuade and more likely to use creative and intellectual exercises to imagine and respect different points of view. They are also able to more clearly envision the consequences of certain actions and possess a greater repertoire of options to violent behavior.

Children who achieve in school learn analytical and language skills — skills that could help them through dangerous and stressful situations and skills that favor words over force as a strategy to deal with conflict. Our most vulnerable students, those growing up in an atmosphere of violence, must be given extra attention through tutoring, nurturing, after-school programs and conflict resolution programs. Schools can be an anchor, a focus for community organizing, a safe haven, and a place for children to learn skills that prevent violence.

The basic charge to schools is to provide all children with an academically sound education in an environment that is safe and conducive to learning. In addition, there is perhaps no better place than schools to house and nurture community coalitions to improve the quality of life for families. Schools that are responsive to community needs and respectful of cultural differences provide a natural environment and an existing resource for multi-disciplinary programs. It is a place where diverse groups of children and parents can congregate and promote community interests, a place to gain practice and experience getting along with others.

Elizabeth Simpson is the director of the Prevention and Life Skills Program (PALS) in East Oakland, California. She tells the story of an 11 year-old girl named Tiffany who came to school and told her teacher she had seen her cousin shot and killed in front of her house the night before. The PALS staff saw Tiffany that day and learned that three other children had also seen the shooting, and knew the man who did it. The staff saw the other children as well. They were all terrified that the man was going to come back and shoot them and their families because he knew they saw him commit the murder. The children's families had forbidden them to talk to police because they feared retaliation. Tiffany desperately needed to talk to someone because she knew her brother had a gun and was planning revenge. Says Simpson, "Our crisis intervention helped those children cope with their fears, and helped the family prevent another murder."[41]

# Conclusion

Increasingly, policymakers and practitioners are recognizing the interrelationship of issues affecting childrens educational achievement, health and success in society. It is clear that dropouts and illiterates fill jail cells in America. Obviously, violence cannot be curbed without addressing education.

When our childrens ability to learn is being dangerously undermined, the foundation of our society is being damaged in a manner that cannot be easily repaired.

Similarly, we cannot improve educational outcomes without improving the health status of children. Hungry children can't focus on the teacher. Children with uncorrected vision, dental or hearing problems can't channel their energies to the lessons of the day. The task of breaking the cycle of violence will require a cadre of dedicated, multidisciplinary professionals working within their individual disciplines and as a part of interdisciplinary teams as well as a range of interventions.

The National Health & Education Consortium and the National Consortium for African American Children, Inc. contend that violence will not be addressed in America until we recognize how pervasively this "disease" affects us all. When our children's ability to learn is being dangerously undermined, the foundation of our society is being damaged in a manner that cannot be easily repaired.

As you consider your role in breaking the cycle of violence, we suggest that the following serve as guideposts:

- Parents are children's first and most powerful teachers.
- The incidence of family violence is growing in this country. Far too frequently the lessons of violence are learned in the home when children witness or are victims of verbal or physical abuse.
- Children bring problems to school. Very few people compartmentalize their lives; Rarely do children. The impact of witnessing violence in the home, the community or the schoolyard comes with the child into the classroom. Mental health workers should be seen as an important adjunct to the educational team.
- Violence prevention need not be a separate curriculum or course.
- Educators often talk about "the teachable moment." While conflict resolution courses are valuable, they need not be the only way in which violence prevention information is taught in the school. The history class and the English literature classroom should, for example, also be viewed as vehicles for incorporating conflict resolution messages into day-to-day education.

- The work of the school alone cannot prevent violence or ameliorate its impact.
- Regardless of the creativity of the school in incorporating violence prevention messages throughout the curriculum and ensuring that the school is a safe environment, other sectors must identify and undertake their roles in breaking the cycle of violence.
- We must not accept violence as a way of life.
- Throughout our country's history there have been periods of intense violence — the Wild West, the Roaring Twenties — even the names invoke visions of upheaval and chaos. Who knows what today will be dubbed? Regardless, we cannot allow ourselves to become complacent and accepting. Collectively, we have the power to solve this problem.
- No one racial, ethnic, religious or economic group is the cause of violence in America.
- Violence affects us all. Perpetrators, victims and witnesses fall into every demographic category available. Every stereotype that we hold regarding who commits the crime, who is affected, and where the crimes occur is shattered by a realistic examination of the statistics. We are all a part of the problem and we must all be a part of the solution.

We hope that this report has helped enhance your understanding of the devastating impact of violence upon children's ability to learn. From domestic violence and child abuse to coping with external concerns like violent neighborhoods and witnessing violent acts, the issues that confront the nation's students increasingly involve violence or the threat of violence. This in turn puts youngsters at risk for school failure as they use up energy on fear and self-protection and become ensnared in negative emotional responses to cope with the crises that face them. Violence is taking a sometimes subtle but terrifying toll on our children's ability to learn.

But, just as violence is being understood as a public health and educational issue, so too are we learning that our children can beat the odds with the help of supportive family, schools and educators. Children are remarkably resilient. With love and support, education and training they can express their feelings, learn to avoid and defuse violent situations, help each other control peer violence and use the very same reasoning and problem solving skills developed by the traditional curricula as tools for violence prevention. Many innovative strategies show us how schools can help make the difference — how they can best do what they must to couple a safe learning environment with violence prevention education and how they can help those children who have already been scarred by violence.

We hope, too, that this new understanding strengthens your commitment to work on behalf of America's children and students. Without cross-sector efforts centered in the school those children who face violence regularly may be doomed to live their school days and daily lives as warriors rather than learners. With our help they can continue their education, learning to their full potential instead of ending up as our country's hidden casualties.

Many innovative strategies show us how schools can help make the difference

# Appendix A:

## Violence Prevention Programs

Well-known and well-respected researchers Joy G. Dryfoos and Lisbeth Schorr both agree that the most effective programs must be comprehensive, family and community-oriented, and collaborative in nature.43,44 In addition, programs should strive to provide warmth and support for children, have clear structures and limits, promote self-confidence, and strengthen community, collaboratives, and family ties. Some schools, communities, social agencies and politicians around the country have used this formula for success and have developed strategies to help children and their families prevent or cope with violence. The following programs are included because they have shown promise and may be worthy of emulation.

### The Entrepreneurial Development Institute - Washington, D.C.

TEDI has provided educational opportunities and entrepreneurial training to more than 1,500 youth, ages 7-21 in Washington, D.C. with the underlying belief that youth who see a vision for their future will be less likely to become involved in criminal activity. The TEDI model has been adapted and implemented in eighteen additional sites around the country. The three-phase, 26-28 week, entrepreneurial training provides:

- an in-depth introduction to business basics using TEDI's curriculum: Business Basics: A Young Entrepreneur's Guide to Success;
- opportunity for youth to select and study actual case studies of community-based businesses, and propose solutions to problems;
- and hands-on help to develop their own businesses including a business plan evaluation.

The project has launched young entrepreneurs in a wide variety of business ventures ranging from a bi-lingual publishing company, a non-profit community service organization to a tee-shirt design business. Two of the program's students were selected as delegates to the White House Conference on Small Business in December, 1994.

Along with its success in developing business skills and promoting entrepreneurial ventures for young people, the program boasts of improving the overall quality of life of its students. All TEDI students are promoted and 58% percent of seniors go on for further training or higher education. Half of the program's court-involved youth have launched successful business and none have returned to the criminal justice system.

Contact: The Entrepreneurial Development Institute
2025 I St., NW, #905
Washington, DC 20006
(202) 822-8334, (202) 822-5090 fax
Director: Melissa Bradley

### The Boston Violence Prevention Program/Adolescent Wellness Center

The Boston Violence Prevention Program, an intensive community-based outreach and education effort run by Boston's Department of Health and Hospitals, was launched in 1986 as part of its Health Promotion Program for Urban Youth. Much of its early work, supported by foundations, was to train teachers and youth services staff in how to teach adolescents anger management and conflict resolution. Regular training is offered for teachers, health workers, street outreach workers and peer workers. The program's peer leaders group is trained and actively participates in training sessions offered by the Program. A mass media campaign "Friends for Life Don't Let Friends Fight," was developed to create a new community ethos in support of violence prevention. The program has been part of the city budget for the last five years and has generated several spin-off activities.

A recent evaluation of the program's violence prevention curriculum showed that when used in conjunction with other activities, suspensions due to fighting substantially declined.

Contact: Boston Violence Prevention Program/
Adolescent Wellness Center
Department of Health and Hospitals
1010 Massachusetts Avenue, 2nd Floor
Boston, MA 02118
(617) 534-5196
Director: Linda Hudson

## Resolving Conflict Creatively Program - school-based conflict resolution program in New York, California and Alaska

The Resolving Conflict Creatively Program, a holistic school-based conflict resolution program, works with the entire school structure to create safe schools. The K-12 curriculum, developed in 1986 and since refined, requires support from school administrators, although it does not mandate that every teacher be trained. Each of the 32 school districts in New York City that use the curriculum maintain autonomy, leaving decision making to the local school communities. After an intense 40-hour training on the curriculum, teachers incorporate the methods in their classrooms. The program invites and encourages the participation of parents in training. Both teachers and administrators in these schools report fewer fights and a new sense of peace. Students become peer mediators and receive special training to negotiate and mediate arguments that break out during school hours.

This program provides a win/win situation. Not only do students develop leadership skills and a sense of responsibility for peace and respect, but teachers and administrators find practical use for conflict resolution skills in their daily lives. The program also offers advanced training sessions in such topics such as helping students deal with death and grief. Program evaluations show that both teachers and students notice a positive change in the schools. A more comprehensive program evaluation was recently funded through a grant from the Centers for Disease Control and Prevention.

Contact: Educators for a Social Responsibility
475 Riverside Dr. #450
New York, NY 10115
(212) 870-3318
(212) 870-2464 fax
Director: Mara Gross

## Save Our Sons and Daughters (SOSAD) — a Community-based program working in Detroit public schools

Clementine Chism, founder of the community-based program SOSAD, works daily to restore a sense of safety in a community that regularly experiences violence. She was one of the first in this country to recognize the feelings of children after a violent episode. "They are scared," she notes. "They see violence is a way of life so they act out. It is normal." She cringes when she hears people talk about inner city children experiencing post-traumatic stress disorder. To her, it is not a disorder, but a natural response to the chaotic violence around them.

After losing her own son to violence, she founded SOSAD to provide grief counseling to her other sons. Over the past years, SOSAD activities have grown to include a K-12 curriculum: The Peace Program. The Peace Program has been implemented in the Detroit schools that are most devastated by violence. The Peace Program teaches age- and culturally-appropriate conflict resolution, and helps children and adolescents find a sense of empowerment by teaching them to become peacemakers. The program also helps children deal with the grief and pain that comes with losing someone to violence.

Peace Program schools proudly display a peace chain. A peace chain is constructed by linking together each child's signed "peace pledge." Early assessments indicate that teachers report improved school climates and children who are excited with their roles as peacemakers and keepers. The teachers of one particularly tough group of freshman girls, known for their physical fighting at one of Detroit's high schools, affirm the success of this program. These girls have made a pledge not to fight. They are fully engaged in learning and practicing the skills of peace.

Contact: Save Our Sons and Daughters
2441 W. Grand Blvd.
Detroit, MI 48208
(313) 361-5200
(313) 361-0055 fax
Director: Rosemary McGhee

## School-based Management — Comer Method Schools

More than 300 schools from around the country have adopted an educational model designed by Yale University's James P. Comer, MD. Dr. Comer, a psychiatrist, began his school-based work in one of New Haven's most troubled schools in 1968. He designed a multi-disciplinary approach to school management. The program stresses that a partnership between educators and parents is critical to a school's success. Its philosophy is based on the premise that each child is special and that schools should be places of learning.

Dr. Comer's model is also based on the premise that the initial relationship between schools and disadvantaged parents is too often wrought with mistrust and alienation. Comer schools require parental representation on all levels, including the school's management team. These parent's also work to increase the involvement of their parents in the school's mission to educate all children.

Contact: School Development Program
Child Study Center
Yale University
230 S. Frontage Rd
PO Box 207900
New Haven, CN 06520-7900
(203) 785-2548
*(The program requests that inquiries be put in writing.)*
Director: Dr. James Comer

## Powerful Schools of Seattle, Washington

I've been wanting to go to night school and learn how to use a computer, but when I get home after work, I just don't have the energy to drive half way across town, hunt for a parking place, and take a class at a community college. Plus, I really like the idea that the school buildings are being used full time

—A parent from Seattle's Powerful Schools program.

Seattle's Powerful Schools uses a collaborative community-based model to improve students performance, serve as a neighborhood resource, and empower parents, students, teachers and the community. This innovative coalition of four Rainier Valley elementary schools located in a low income area of Seattle is a national model in community based school reform. These schools offer a wide variety of after-school programs and classes for children and adults. They also work together to apply for grant funding, so foundations understand that a community needs assessment has been done and an investment will benefit the whole community and not just one school.

Businesses and community groups help by planning field trips, providing support and serving as a contact with the workplace for parents and students. The 30-40 classes offer reduced tuition and include classes such as: gymnastics, blues harmonica, people's law school, writing, and foreign language. Some classes are directly related to violence prevention, such as conflict resolution, parenting, and one called "Boys to Men," which focuses on self-esteem building, cultural awareness and gang prevention.

Contact: Powerful Schools
3301 S. Horton
Seattle, WA 98144
(206) 722-5543
Director: Greg Tuke

## Overcoming Obstacles

The Los Angeles-based Overcoming Obstacles, is an education, jobs and entrepreneurship program teaches young people the skills need to: 1) succeed in education, 2) find jobs, 3) develop entrepreneurial skills, and 4) involve themselves in the community. It is an example of business partnering with a community program to give students a chance to succeed.

This three phased program includes coursework to:

- Improve self esteem
- Develop a sense of personal responsibility
- Instill a sense of pride in community
- Set realistic goals
- Develop communications and conflict resolutions skills
- Gain employment-seeking and retention skills

An evaluation demonstrated positive behavior change in successful students, during the school year and after graduation. After the first educational phase, high school students move to a job placement phase. Through a network, part-time and summer employment is secured for students, while full-time employment is offered for program graduates. One example is a special program with ARCO Product Company/Prestige Stations, Inc. Students working for this company receive a salary subject to increases and bonuses based on performance and have opportunity to attend college, paid for by ARCO.

Phase three encourages students to learn to become managers and owners of a business. Presently, funding has been provided for several businesses designed and managed by graduates of Overcoming Obstacles.

Contact: Overcoming Obstacles
Community for Education Foundation
208 West 8th St, Suite 602
Los Angeles, CA 90014
213-892-1582
Projects Director: Jenifer Bozart Watson

## A School-based Planning Model: Pittsburgh Safe Schools Project

The Safe Schools Project of the Pittsburgh Public Schools is a model for a multi-disciplinary violence prevention coalition. Members of the Pittsburgh Public Schools, the Jewish Healthcare Foundation, the Western Psychiatric Institute and Clinic, the Center for Injury Research and Control at the University of Pittsburgh, and the Boys and Girls Club of Western Pennsylvania formed a working group that produced a Blueprint for Violence Reduction in Pittsburgh Public Schools. It is an action plan based on a sound theoretical framework, data collection and analysis, a commitment to understanding the causes of violence, and an analysis of state-of-the-art school violence prevention programs.

The blueprint contains a review of the project's components and discusses each step in a thorough manner which lends itself to replication in other school districts. The program plan includes the following recommendations:

- Work to provide a safe environment for all Pittsburgh school children and school staff.
- Hire a full-time violence prevention coordinator.
- Establish a culturally sensitive K-12 curriculum.
- Establish a forum for students to have input in program design.
- Develop programs specific to sexual assault.
- Target anti-gang activities to schools where multiple gangs are present.
- Evaluate programs and use the information gleaned to adapt them.
- Provide support for transitions from school to work and provide economic opportunities for high risk youth.

Contact: Safe Schools Project
Jewish Healthcare Foundation
650 Smithfield St., #2550
Pittsburgh, PA 15222
(412) 261-1400
Program Officer: Ken Segel

# Appendix B:
## Evaluating Programs

An important component of violence prevention programs is their evaluation. Evaluations provide information on whether or not the program is accomplishing its goals, and on special problems or successes. If used properly, evaluations can be used to improve the overall program and secure funding for their continuation.

The development of violence prevention programs is relatively recent compared to other health promotion programs such as substance abuse, smoking and drunk driving prevention. Violence prevention program evaluations have drawn criticism for methodological flaws. A review of articles on prevention programs reveals that each "generation" of evaluations is an improvement over the "generation" before.

Harvard School of Public Health program evaluation expert, William DeJong, Ph.D., asserts that a combination of factors contributes to the embryonic status of violence prevention program evaluation: scarce resources, a preference for direct services, and increasing political pressure to act quickly as the rates of youth violence increase.

DeJong suggests that improving the evaluation of violence prevention programs will require the following:

- Providing greater financial resources for program evaluation;
- Adopting academic publication standards that will promote the publication of innovative or experimental program evaluation;
- Developing a rating system for judging the strength and merit of new evaluation designs; and,
- Using meta-analysis, which allows researchers to merge results from a number of studies, for evaluation research.

# Appendix C:
## National Health & Education Consortium

The health and education of children are intricately linked. Yet, for a variety of historical and societal reasons, these two critical facets of children's development have been separated. As a result, society finds itself either concerned about the "health" of children or the "education" of children, but is all-too-rarely aware of how the two fields are interdependent.

In 1990, in recognition of the need for better integration of health and education programs for children in this country, the National Health & Education Consortium was established by the National Commission to Prevent Infant Mortality (NCPIM) and the Institute for Educational Leadership (IEL) with core financial support from the Prudential Foundation. As a result of this special partnership, NHEC, from its inception, was a public/private partnership grounded in both the education and health communities.

NHEC now brings together 58 national health and education professional member associations, representing some 12 million constituents, to design strategies to better coordinate health and education services and programs. It does not represent any particular special interest group, but uniquely can mobilize the collective influence of national membership associations on behalf of its mission.

The National Health & Education Consortium contends that children must be healthy to be able to learn, and that they must be educated to keep themselves healthy for a lifetime. Millions of infants and children lack access to health care or suffer from poor health, leaving them vulnerable to physical and learning problems. And, far too often, information on how to maintain a healthy lifestyle does not reach those in greatest need. Coordination of health and education services for children can enhance their ability to learn, succeed in school and become productive members of society.

NHEC's goals are:

- to improve public policy by addressing the need for a better coordinated health and education delivery system;
- to strengthen communication and dissemination of information between health and education practitioners and policymakers; and,
- to identify exemplary program models and practices which more effectively integrate health and education services.

To accomplish its mission, NHEC produces occasional papers, special reports and major research documents focused on various topics relating to collaboration between the health and education communities. NHEC also provides training and technical assistance to federal, state and local leaders to promote collaborative efforts at all levels of government and in the private sector, and operates a number of special programs.

## Members of the Consortium

American Academy of Family Physicians

American Academy of Pediatrics

American Association of Colleges for Teacher Education

American Association of School Administrators

American College of Nurse-Midwives

American College of Obstetricians and Gynecologists

American Dental Association

American Federation of Teachers

American Hospital Association

American Indian Health Care Association

American Medical Association

American Nurses Association

American Psychological Association

American Public Health Association

American School Food Service Association

American School Health Association

American Speech-Language-Hearing Association

Association of the Care for Children's Health

Association for Supervision and Curriculum Development

Association of American Medical Colleges

Association of Maternal and Child Health Programs

Association of Schools of Public Health

Association of State and Territorial Dental Directors

Association of State and Territorial Health Officials

Association of Women's Health, Obstetrics and Neonatal Nurses

Council of Chief State School Officers

Council of the Great City Schools

Healthy Mothers, Healthy Babies Coalition

National Alliance of Black School Educators

National Association for Partners in Education

National Association for the Education of Young Children

National Association of Asian and Pacific American Education

National Association of Children's Hospitals and Related Institutions

National Association of Community Health Centers

National Association of Elementary School Principals

National Association of Hispanic Nurses

National Association of Pediatric Nurse Associates and Practitioners

National Association of School Nurses, Inc.

National Association of Secondary School Principals

National Association of Social Workers Inc.

National Association of State Boards of Education

National Association of State School Nurse Consultants, Inc.

National Association of WIC Directors

National Black Nurses' Association

National Coalition of Hispanic Health and Human Services

National Community Education Association

National Education Association

National Head Start Association

National Indian Education Association

National Medical Association

National Mental Health Association

National Perinatal Association

National PTA

National Rural Health Association

National School Boards Association

National School Public Relations Association

Society for Neuroscience

Zero to Three/National Center for Clinical Infant Programs

# Appendix D:

## National Consortium for African American Children, Inc.

The National Consortium for African American Children (NCAAC), Inc. was created in 1992 as a special initiative of the National Commission to Prevent Infant Mortality (NCPIM). Launched with core financial support from the Charles Stewart Mott Foundation, NCAAC has evolved into a non-profit network of nearly 100 national and state organizations. Its membership includes representation in health, education, law, human services, business, religion, media, and government. The work of the Consortium is guided by a national steering committee and supported by a core of youth, known as Junior Ambassadors.

The Consortium's mission is to serve as a unified voice in creating and promoting policies and program strategies to improve the quality of life for African American children and their families. NCAAC uniquely combines the expertise, strength, and collaboration of public, private and voluntary sector partners to accomplish its mission and goals.

NCAAC functions as an advocate, catalyst for collaboration, advisor, and convener of multi-disciplinary organizations whose common interests are to identify and build upon effective strategies for children. The Consortium achieves this by:

- Voicing the needs of African American youth and engaging them in the development of prevention and early intervention strategies;
- Opening the lines of communications among organizations already active in the African American community, facilitating the sharing of potential program and policy solutions through its clearinghouse functions;
- Increasing the representation and diversity of African American leaders in policy debates and decisions to affect positive solutions for children using the collective voice of the Consortium;
- Catalyzing public and private partnerships to develop and implement risk reduction outreach programs and research activities designed to better inform policy and program decision-makers; and
- Educating elective officials and other policy makers on the complexity of socio-economic problems facing African American children and how policy decisions must be focused on enhancing their overall well-being.

NCAAC maintains that a fundamental approach for making a positive impact in the lives of our children calls for a concentrated focus on prevention and early intervention. This is a focus that is interwoven throughout the issue areas NCAAC addresses.

### Members of NCAAC

African American AIDS Support Services and Survival Institute

African Methodist Episcopal Zion Church

Alpha Phi Alpha Fraternity, Inc.-DC Chapter

American Lung Association of the District of Columbia

Association for Minority Health Professions Schools

Association for the Study of African American Life & History, Inc.

Association of Agencies Serving African-Americans

Association of Black Cardiologists, Inc.

Association of Black Nursing Faculty in Higher Education

Bay Area Black Consortium for Quality Health Care, Inc.

Bethune-Cookman College

Black Children's Institute of Tennessee

Black Entertainment Television

Black Focus on the West Side

Black Health Care Coalition, Inc.

Black United Fund of New York

Black Women's Agenda

Bowie State College

Center for the Improvement of Child Caring

Child Welfare League of America

Congressional Black Associates

Congress of National Black Churches

- African Methodist Episcopal Church
- African Methodist Episcopal Zion Church
- Christian Methodist Episcopal Church
- Church of God In Christ
- National Baptist Convention of America, Inc.
- Progressive National Baptist Convention, Inc.

Delta Sigma Theta Sorority, Inc.

Family Circle Center

Florida Commission on African American Affairs

Hampton Institute

Healthy Mothers, Health Babies

Howard University

Human Services Educational & Research Institute, Inc.

Human Systems Management & Development Corporation

Institute for the Advanced Study of Black Family Life/Culture, Inc.

Jackson State University

Jack and Jill Of America, Inc.

Joint Center for Political and Economic Studies

Lane College

Minority Professions Foundation

- Charles R. Drew University School of Medicine and Science
- Florida A & M University College of Dentistry
- Howard University College of Medicine
- Meharry Medical College
- Morehouse School of Medicine
- Texas Southern University College of Pharmacy and Health Sciences
- Tuskegee University School of Veterinary Medicine
- Xavier University of Louisiana College of Pharmacy

Morehouse College, Morehouse Research Institute

NAACP Legal Defense and Educational Fund

National Association of Black Social Workers, Inc.

National Association of Black Social Workers, Inc.-Chicago Chapter

National Association of Neighborhoods

National Bar Association

National Black Child Development Institute

National Black Evangelical Association

National Black Media Coalition

National Black Nurses Association

National Black Police Association, Inc.

National Black Programming Consortium

National Black United Fund

National Black Women's Health Project

National Center for the Advancement of Blacks in Health Professions

National Coalition of 100 Black Women

National Council of Black Mayors

National Council of Negro Women

National Dental Association

National Forum for Black Public Administrators

National Institute for Responsible Fatherhood & Family Development

National Medical Association

National Newspaper Publishers Association

National One Church One Child, Inc.

National Optometric Association

National Organization of Black County Officials, Inc.

National Urban League, Inc.

Phi Beta Sigma Fraternity, Inc.

Poverty & Race Research Action Council

Quality Education for Minorities Network

Sigma Gamma Rho Sorority, Inc.

Southern Christian Leadership Conference

The Links, Inc.

The National Association of Negro Business and Profession Women's Clubs

The Washington State Commission on African American Affairs

United Black Fund, Inc. of Greater Washington, DC

University of the District of Columbia

Virginia State University

Virginia Union University

Volusia Minority Affairs Council

Winston-Salem Urban League

Zeta Phi Beta Sorority, Inc.

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# Selected Publications
## of the National Health & Education Consortium

QUANTITY

___ **Starting Young: School-Based Health Centers at the Elementary Level** (Special Report) — provides historical and current info. on school-based health care with additional info. on staffing, funding, and the value of preventive care for elementary age children; produced in collaboration with the National Association of Elementary School Principals. (1995, $10)

___ **Putting Children First: State-Level Collaboration Between Education and Health** (Special Report) — describes interventions used in four pilot states (Florida, Maryland, New Mexico and Texas) to promote collaboration; provides suggestions to state leaders working to foster similar collaborative relationships. (1995, $10)

___ **Fetal Alcohol Syndrome: The Impact on Children's Ability to Learn** (Occasional Paper #10) — examines the causes and consequences of Fetal Alcohol Syndrome and its impact on a child's ability to learn; describes innovative programs and makes recommendations for action; produced in collaboration with the Children of Alcoholics Foundation. (1994, $5)

___ **School Nursing: Trends for the Future** (Occasional Paper #9) — Carole Passarelli of the Yale School of Nursing highlights the increased need for school health nurses — providing recommendations for their best use, illustrating various settings in which school nurses play an integral role, and describing progressive school nurse programs. (1993, $5)

___ **Eat to Learn, Learn to Eat: The Link Between Nutrition and Learning in Children** (Special Report/Occasional Paper #7) — provides an overview of the link between nutrition and learning; suggests action steps to improve children's nutritional status; produced in collaboration with the American School Food Service Association. (1993, reprinted with new introduction 1995,$10)

___ **Children's Mental Health and Their Ability to Learn** (Occasional Paper #8) — written by the National Mental Health Association, examines the current status of children's mental health and its impact on children's ability to learn; includes info. on services available to address needs and suggests policy and action steps to improve the provision, availability and accessibility of these services. (1993, $5)

___ **The Poisoning of America's Children: Lead Exposure, Children's Brains and the Ability to Learn** (Occasional Paper #6) — Dr. Herbert Needleman of the University of Pittsburgh provides a comprehensive overview of lead poisoning, presenting research that demonstrates the long and short-term effects of low level lead exposure on children's intellectual ability and social adjustment. (1992, $5)

___ **Bridging the Gap: An Education Primer for Health Professionals/A Health Care Primer for Education Professionals** (Special Report) — this two-part primer describes the health and education systems and how professionals from both fields can work collaboratively. (1992, $12)

___ **"Help Me Learn, Help Me Grow"** (Project Materials) — a bilingual, multi-media, parent awareness project. Materials are designed to be administered by professionals to help educate parents on the link between their child's health and education. [Starter Set — 1 video (Spanish or English), 40 posters/primers (Spanish, English, or mixed), 20 magnet/notepad sets, 1 community action guide — $28 — note: circle desired language of materials] items are also sold individually

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- A complete publications list can be obtained by contacting the NHEC offices.
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